

Patient name: _____ Date: _____

Ear Symptoms - Eustachian Tube Assessment -ETDQ-7

During the past 1 month, how much of a problem was each of the following

	No Problem		Moderate Problem			Severe Problem	
1. Pressure in the ears?	1	2	3	4	5	6	7
2. Pain in the ears?	1	2	3	4	5	6	7
3. A feeling that your ears are clogged or "under water"?	1	2	3	4	5	6	7
4. Ear problems when you have a cold or sinusitis?	1	2	3	4	5	6	7
5. Crackling or popping sounds in the ears?	1	2	3	4	5	6	7
6. Ringing in the ears?	1	2	3	4	5	6	7
7. A feeling that your hearing is muffled?	1	2	3	4	5	6	7

Total Score _____ $\div 7$ = Mean itemscore _____

Do you experience ear pain/pressure w/ atmospheric pressure changes (ex: driving on inclines, flying, diving)?

YES

NO

How do these ear symptoms present themselves?:

With or without sinus symptoms

With sinus symptoms only

Do you get these symptoms in one ear only or both ears?

LEFT EAR ONLY

RIGHT EAR ONLY

BOTH EARS

Have you ever had ear tubes?

YES

NO

NOTES/DETAILS: PLEASE LIST ALL TREATMENT (MEDICATIONS, SURGERY, ETC) FOR EAR/SINUS/ALLERGY ISSUES BELOW: